



**Department of the Treasury**  
*Federal Law Enforcement Agencies*  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER CR-05-10004-PBS	
DEFENDANT Oleksiy Sharapka (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Miscellaneous Clothing		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
<p><b>SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE</b> (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  <b>PLEASE SEIZE AND MAINTAIN CUSTODY OF THE ABOVE REFERENCED PROPERTY IN ACCORDANCE WITH THE ATTACHED PRELIMINARY ORDER OF FORFEITURE AND APPLICABLE LAW.</b>  <b>CATS ID 05-USS-000242</b> </p>			
		JLJ xt 3297	
Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay, Assistant U.S. Attorney		Plaintiff <input checked="" type="checkbox"/> Defendant <input type="checkbox"/>	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date 8/18/06	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. <u>MA</u>	District to Serve No. <u>MA</u>	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <u>Kirwan</u>
Date 8/18/06			
<p>I hereby Certify and Return That I <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.</p> <p><input checked="" type="checkbox"/> HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.</p>			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service <u>7/14/06</u>	Time of Service <u>11:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Signature, Title and Treasury Agency <u>Kirwan, CRS- USSS-DHS</u>			
<p><b>REMARKS:</b> Seizure # 102-06-006  <i>Licorice Property taken into USSS custody.</i></p>			

TD F 90-22.48 (6/96)